

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.1. File Number U- 11170 UNKNOWN

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name BARRY L PENCE

P.O. Box, Bldg., Room No., if any

Street 1300 95TH AVE WESTCity ROCK ISLANDState IL ZIP Code + 4 61201-7836

4. Name, file number, and address of labor organization.

Name HEARTLAND REGIONAL COUNCILLabor Organization File Number 516-445 UNKNOWN

P.O. Box, Building and Room Number, if any

Street 218 FIRST AVE.City STERLINGState IL ZIP Code + 4 61081-3933

5. Position in labor organization.

BUSINESS MANAGER

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name INDEPENDENT EMPLOYEE BENEFITS
CORPTrade Name, if any: CARPENTERSP.O. Box, Bldg., Room No., if any P.O. Box 470Street 28 N. FIRST ST.City GENEVAState IL ZIP Code + 4 60134-4001

7.a. Nature of Interest, Transaction, or Income.

HOTEL STAY REIMBURSEMENT FOR
TRUSTEE MEETING AND LUNCH
PROVIDED BY IEBC

7.b. Amount.

\$192.00**Signature**

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Barry L. Pence

On

7/18/05
Date309-787-4369

Telephone Number

Carpenters Pension Fund of Illinois						
Lahor Trustees Expense Reimbursement Recap						
2004						
Payee	Date	Check No.	Amount	Description		
Pence, Barry	1/21/2004		\$36.41	Lunch Inglenook Pantry Trustee Mtg.		
Pence, Barry	1/29/2004	14663	\$91.24	Trustee Mtg. Geneva		

12765

Carpenters Welfare Fund of Illinois
Labor Trustees Expense Reimbursement Recap
2004

Payee	Date	Check No.	Amount	Description
Pence, Barry	1/21/2004		\$3.54	Inglenook Lunch Trustee Mtg
Pence, Barry	1/29/2004	11856	\$61.11	Trustee Mtg. Geneva

64.65
127.65
192.30